



Moanoghar Health Clinic & Mobile Medical Camps Fact Sheet



At the request of our Community Advisers Kabita Chakma and Kulottam Chakma, BODHI will facilitate provision of primary health care to indigenous ethnic minority inhabitants in the CHT.

A recent United Nations survey found the Chittagong Hill Tracts (CHT) in Bangladesh lagging behind the rest of the country in all aspects, particularly primary health care. In successive surveys, UNICEF put the region at the bottom of the table in respect to key indicators such as child

and maternal mortality rate, vaccination of most preventable childhood diseases (polio, diphtheria, measles, tetanus, etc.) and vitamin A deficiency, along with the presence of health facilities (hospitals, community clinics) and health practitioners in the hospitals. The region's inaccessible terrain also acts as a barrier because no doctor wants to live in such a remote place.

Primary health care will be provided at the health clinic at Moanoghar school and orphanage and at mobile medical camps in three villages in the CHT, which are located near Rangamati but made inaccessible by lack of roads and communications. These areas are disproportionately inhabited by the poorest of the poor in Bangladesh.

Our project began in July, 2009 and will benefit around 10,000 people.

Objectives

- To provide basic health care services to the most deprived and poorest of the region's indigenous minorities
- To raise awareness of the basic health care and hygiene among the communities
- To link the communities with the government's health care system
- To draw the government's attention to the public health situation in the CHT



Project Proposal & Budget

Providing Primary Health Care to Indigenous Ethnic Minority Inhabitants in the CHT, Bangladesh

1.0 Project Site

3 villages in Rangamati sadar upazilla in Rangamati district. The villages are; Khipya para, Rangapani and Sapchhari. They are all located near the Rangamati main town but yet remain quite inaccessible because of lack of road and communication network. The other distinct feature is that the locations are all disproportionately inhabited by the poorest of the poor, overwhelming majority of whom belong to the indigenous minorities.

2.0 Project Title

Providing Primary Health Care to Indigenous Ethnic Minority Inhabitants in the CHT, Bangladesh

3.0 Description of the Project and people involved

3.1 Background



The region of Chittagong Hill Tracts (CHT) is located to the Southeastern corner of Bangladesh sharing common international border with both India and Myanmar. The region is distinct from the rest of Bangladesh; geographically, it is hilly and mountainous in contrast to the flat plains that characterize Bangladesh; demographically, in addition to the majority Bengalis its population consists of 15 different ethnic groups¹, each group with its own language, lifestyle and culture, and out of which 11 are considered indigenous.

The region was subject to violent conflicts from mid-1970s onward with the indigenous insurgents fighting against the government forces for regional autonomy. The conflicts formally ended with the signing of the CHT Peace Accord in December 1997 between the Government of Bangladesh and the Parbatya Chattagram Jana Samhati Samity (PCJSS or JSS) – indigenous insurgent outfit.

CHT remains one of the poorest and most marginalized regions of Bangladesh. Average income of its inhabitants is about 15% lower than the rest of the country, with the indigenous inhabitants faring even worse. Unemployment is acute, on average it is 30-35% and in some pockets, it reaches 50% (source: Socio-economic Baseline Survey in CHT, UNDP, 2007).

3.2 Public Health Situation in CHT

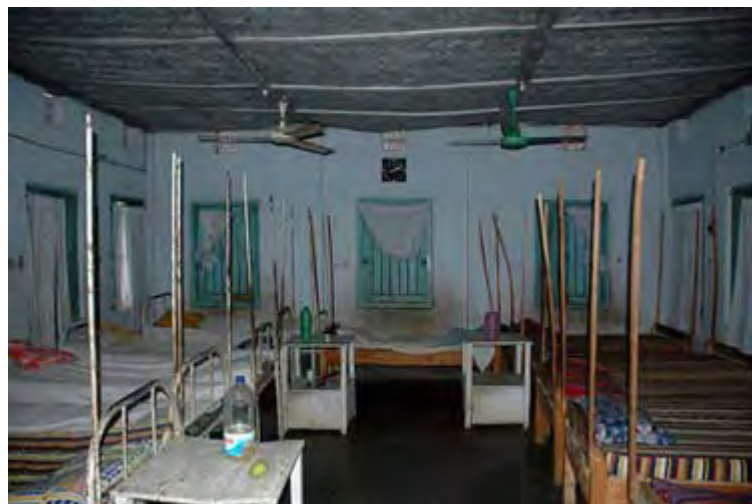
There is no reliable data in this regard. Available government information is highly unreliable and scanty, too. However, a recent UN led survey found the region lagging in all aspects in comparison to the rest of the country, particularly with regard to primary health care. In successive surveys, UNICEF put the region at the bottom of the table in respect to some key indicators, such as child and maternal mortality rate, vaccination of most preventable infantile diseases (polio, diphtheria, ham, measles, tetanus, etc.) and vitamin A deficiency, along with presence of health facilities (hospitals, community clinics) and the presence of health practitioners in the relevant establishments, i.e., hospitals. The region's inaccessible terrain also acts as a supplementary barrier. There are often no doctors and nurses, even where there are clinics/hospitals, simply because no doctor wants to go and live in such remote places.

1 These are (in alphabetical order): Bawm, Chak, Chakma, Khumi, Khyang, Lushai, Marma, Mro, Pankhua, Tanchangya, Tripura, Santal, Rakhain, Assam and Gurkha. The last fours in italics are considered non-indigenous

3.3 Project description

The project will be implemented as a 'pilot' for a period of one year.

It will run a community clinic located at the premise of Moanoghar, which in addition to the residents of the institution will also serve the villagers of the nearby villages. Furthermore, the project will also run a mobile



health team who will visit 3 different places (as mentioned above), twice per week by rotation. The Team will be comprised of a doctor, a medical assistant and a community health mobilizer. They will provide free prescription to the patients and depending availability, they will also provide free medicines. The treatment will include the most important common diseases, e.g. malaria, dysentery, diarrhoea, vitamin deficiency, viral fever/flu respiratory tract infection, worms, etc. For the more complicated diseases, the cases will be referred to the district hospital, for which the Civil Surgeon's office has already given consent verbally. (A list of medicines jointly prepared by the Civil Surgeon's office and which they have agreed to provide us for the project is attached herewith).

In addition, the Team will also organize periodic Health Education sessions, at least one session every two months per location, with the beneficiaries. They will be provided with the relevant information about how to deal with the basic health problems and hygiene. The standard government materials and curriculum provided by the Civil Surgeon's office will be used in these training sessions. These materials are, in general, taken as of good quality, most of which were prepared under supervision of the World Health Organization. Because of limited outreach capacity, the government rarely use them at community level.

The project will be a joint effort between Moanoghar, Government (through the Civil Surgeon Office) and BODHI, with each of the partners making distinct contribution. Moanoghar will provide the logistics, be responsible for community mobilization and also provide the funding for running the community clinic within its campus. BODHI will provide funds for the mobile team personnel and the Civil Surgeon's office will provide free drugs and as well as training curriculum materials.

In the mobilization of the communities and as well as in the community health education activities, community leaders/elders and most importantly the women, particularly the mothers, will be closely involved. This is particularly emphasized for ensuring sustainable impacts of the projects' activities.

Throughout, government will be closely involved; this will include besides the Civil Surgeon's office, the local Rangamati Hill District Council² which is vested with responsibility of administering and managing the Department of Public Health for the district. Besides drawing attention of the government and relevant public authority on the problems of public health, this is also an effort of ensuring sustainability of the intervention.

4.0 Objectives of the Project: The project is conceived with the following objectives

- To provide basic health care services to the most deprived and poorest of the region's indigenous minorities
- To raise awareness on the basic health care and hygiene among the communities
- To link the communities with government health care system
- To draw the attention of the government on the public health situation in the CHT

This is a Peace Accord institution; the erstwhile local government councils were re-named as Hill District Councils and through an Act of the Parliament were given expanded mandate and responsibility which include Department of Public Health and Hygiene.

5.0 Number of people the project will help

Through the community clinic based in Moanoghar and the mobile clinics and also from the health awareness raising activities, a total of at least 10,000 persons are expected to be directly benefited from the project.



Some people the clinic and camps will help. All photos courtesy Moanoghar

6.0 Duration of project

1 year, beginning from July'09 – June'10

7.0 Any other information you consider to be relevant: Monitoring and Reporting

Detailed financial and narrative reports (with photos) on the progress of the activities will be sent to the donors on quarterly basis. The narrative report will include details of all the activities, including case studies

of the beneficiaries. A final report which will include the accounts report also, will be prepared and shared with the donor upon completion of the project.

8.0 How will the project be evaluated?

The project will be evaluated, when completed, based on an agreed format as desired by BODHI. The evaluation will include, among other points, a thorough scrutiny of the monitoring reports, field data (register of the patients, distribution of drugs, list of participants in the training sessions), interviews of the beneficiaries and as well as elders/leaders and concerned government officials.

9.0 Budget

Particulars	Funds requested from BODHI	Other contributions, if applicable	Total
Medicines (lump sum)	---	Government/Civil Surgeon Office	Tk. 500,000
Salary • Medical Officer • Community Mobilizer • Medical Assistant	60,000* 60,000 84,000	---	204,000
Fuel and logistics (lump sum)	---	Moanoghar	24,000
Stationery	---	Moanoghar	12,000
Partial salary of the Medical Officer	---	Moanoghar	144,000
Total			884,000

*The salary is partial, 5,000 taka/month from BODHI and Moanoghar will contribute a further 12,000 taka/month.